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Cover Letter

United States Patent and Trademark Office
P.O.Box 1450
Alexandria, VA. 22313-1450

May 25, 2005

Special Programs Examiner
Technology Center 2800

Subject: Decision on Petition to make Special

Application of: HENRY ROHRIG
Serial No: 10/607,019
Filed: June 25, 2003
For: TRUCK ALIGNMENT SYSTEM

Jose Dees,

Reference your Paper No. 033005 dated May 17. 2005, I am forwarding proof of Birth Aug. 8, 1930, in Detroit, Michigan. Also a letter from my Doctor dated June 15, 2004, that I mailed to my insurance Company, If you need any more proof let me know, I can forward it to you.

My phone No. 818-761-3628 818-489-2049

This is a true statement.

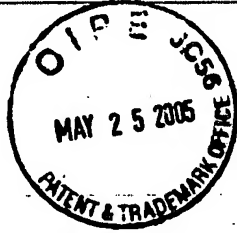
Thanking you in advance,


HENRY ROHRIG

enclosed:
Your Letter
Birth Certificate
Birth Registration
Letter from Doctor



UNITED STATES PATENT AND TRADEMARK OFFICE



Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450
www.uspto.gov

Paper No. 033005

HENRY ROHRIG
P.O. BOX 2159
TOLUCA LAKE, CA 91610

MAY 17 2005

In re Application of:
HENRY ROHRIG
Serial No.: 10/607,019
Filed: June 25, 2003
For: **TRUCK ALIGNMENT SYSTEM**

DECISION ON PETITION
TO MAKE SPECIAL

This is a decision on the petition under 37 C.F.R. § 1.102(c), filed March 11, 2005, to make the above-identified application special.

Petitioner requests that the above-identified application be made special under the accelerated examination procedure set forth in the Manual of Patent Examining Procedure (M.P.E.P.) § 708.02, Section III, Applicant's Health Is Poor: and Section IV, Applicant's Age.

A grantable petition to make special under 37 C.F.R. § 1.102, and in accordance with M.P.E.P. § 708.02, Section III, must include evidence showing that the applicant is in poor health, and Section IV, must include evidence showing that the applicant is sixty five (65) years of age or more. No fee is required for this petition.

The petition includes a statement from applicant, Henry Rohrig stating that he is sixty-five (65) years of age or more, a copy of his birth certificate and a statement of poor health from applicant's doctor.

Accordingly, the petition is GRANTED.

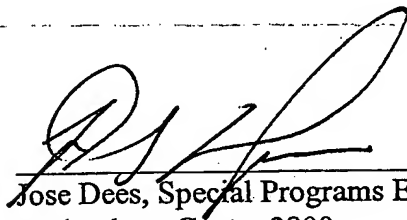
If the examiner can make this application special without prejudice to any possible interfering applications, and s/he should make a rigid search for such, s/he is authorized to do so for the next action. Should the application be rejected, the application will not be considered special for the subsequent action unless the applicant promptly makes a bona fide effort to place the application in condition for allowance, even if it is necessary to have an interview with the examiner to accomplish this purpose.

If the examiner finds any interfering application for the same subject matter, s/he should consider such application simultaneously with this application and should state in the official letter of such application that s/he is taking it out of its turn because of possible interference.

Should an appeal be taken in this application or should this application become involved in an interference, consideration of the appeal and the interference will be expedited by all Patent and Trademark Office officials concerned, contingent likewise upon diligent prosecution by the applicant.

After allowance, this application will be given priority for printing. See M.P.E.P. § 1309.

Inquiries regarding this decision should be directed to Jose Dees at (571) 272-1569.



Jose Dees, Special Programs Examiner
Technology Center 2800
Semiconductors, Electrical and Optical
Systems and Components

CITY OF DETROIT

Department of Health
Vital Records

PLACE OF BIRTH

MICHIGAN
DEPARTMENT OF HEALTH
Division of Vital Statistics

B212A-1-10-30-5M

County of Wayne

Transcript of CERTIFICATE OF BIRTH

Register No. 22014

City of Detroit

(No. 7 Florence Crittenton Hospital) Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME OF CHILD Alfred Henry Rohrig

(If child is not yet named, make supplemental report, as directed.)

Sex of child m Twin, triplet, or other? no and 1 Number in order of birth 1 Last mate? yes Date of Birth 8 8 1930
(Month) (Day) (Year)

| FATHER | | MOTHER | |
|--|--|--|--|
| Full Name <u>Albert Rohrig</u> | Full Name <u>Beatrice Cathey</u> | Full Name <u>Beatrice Cathey</u> | Full Name <u>Beatrice Cathey</u> |
| Residence (P. O. Address) <u>1210</u> | Residence (P. O. Address) <u>Trumbull</u> | Residence (P. O. Address) <u>Trumbull</u> | Residence (P. O. Address) <u>Trumbull</u> |
| Color or Race <u>W</u> | Color or Race <u>W</u> | Color or Race <u>W</u> | Color or Race <u>W</u> |
| Age at Last Birthday <u>43</u> (Years) | Age at Last Birthday <u>36</u> (Years) | Age at Last Birthday <u>36</u> (Years) | Age at Last Birthday <u>36</u> (Years) |
| Birthplace <u>Wichita Kansas</u> | Birthplace <u>Asheville N.C.</u> | Birthplace <u>Asheville N.C.</u> | Birthplace <u>Asheville N.C.</u> |
| Occupation (And Industry) <u>Carpenter</u> | Occupation (And Industry) <u>Housewife</u> | Occupation (And Industry) <u>Housewife</u> | Occupation (And Industry) <u>Housewife</u> |
| Number of child of this mother <u>1</u> | Number of children of this mother, now living <u>5</u> | Number of children of this mother, now living <u>5</u> | Number of children of this mother, now living <u>5</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn)Have eyes of child been treated with one and one-half per cent solution of silver nitrate as required by law? yes (Signature) H. B. Hester
Dated 8-8-1930 (Attending Physician, midwife, father, etc.)Given or christian name added from a supplemental report 19 Filed 8-20-1930

Was there any serious malformation or defect?

THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY OF FACTS RECORDED ON THIS RECORD OF THE PERSON NAMED HEREON, AS FILED AT THE DETROIT DEPARTMENT OF HEALTH.

MAY 11 1995

DATED

GLORIA J. HARPER
REGISTRAR, VITAL RECORDS
DETROIT DEPARTMENT OF HEALTH
115 TAYLOR
DETROIT, MI 48202

DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

Certificate of Birth Registration



This is to Certify that, the birth of

ALFRED HENRY ROHRIG

has been registered at the Department of Health

Date of birth August 8th 1930

Registration Number 22004

Harry F. Vaughan
Commissioner of Health.

STATE OF MICHIGAN

DEPARTMENT OF HEALTH

Certificate of Birth Registration



This is to certify that the birth of

Alfred Henry Rohrig

HAS BEEN DULY REGISTERED WITH THE MICHIGAN DEPARTMENT OF HEALTH

BORN IN

Detroit

REGISTRATION NUMBER 582-300203

PARENTS' NAME

Albert and Beatrice

DATE OF BIRTH

August 8, 1930

C. C. Shumons, M.D.
COMMISSIONER



To whom it may concern;

June 15, 2004

This is information about the health of Alfred Rohrig

In October 12, 2003 he was in New Mexico and had a massive heart attach, it was two days before he could get to a hospital for open heart surgery, it was a four coronary artery bypass. He was recuperating from that and in Dec. 23, 2003 he was again in the hospital for surgery, amputation of half of his right foot, now while recuperating from both surgeries, he has developed anemia and does not have enough energy and stamina for any work at this time. At his age of 74 he will not be able to come back later from this serious condition.

Considering his condition he has 100 percent disability.

R. SPENCER, M.D.
INTERNAL MEDICINE

13652 Cantara Street
Panorama City CA. 91402
888-778-5000